

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90066 010 \*\*\*150.00

0019573  
AV

**DOCUMENT # P97000054710**

1. Entity Name

**FAGAN ASSOCIATES, INC.**

Principal Place of Business

**1031 S BEACH ST  
DAYTONA BEACH FL 32114  
US**

Mailing Address

**301 RIO PINAR TRAIL  
ORMOND BEACH FL 32174**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3448274**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FAGAN, LYNNE  
301 RIO PINAR TRAIL  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

**Fagan, Lynne**

Street Address (P.O. Box Number is Not Acceptable)

**1031 S Beach St**

City

**Daytona Beach**

**FL**

**FL**

Zip Code

**32114**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Lynne Fagan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-26-02**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FAGAN, RICHARD H**  
STREET ADDRESS **301 RIO PINAR TRAIL**  
CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **P** ☐ Delete  
NAME **FAGAN, LYNNE L**  
STREET ADDRESS **301 RIO PINAR TRAIL**  
CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Fagan, Richard H**  
STREET ADDRESS **1031 S. Beach St**  
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **P** ☒ Change ☐ Addition  
NAME **Fagan, Lynne L**  
STREET ADDRESS **1031 S. Beach St**  
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Lynne Fagan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-02**

Date

**386-288-0717**

Daytime Phone #

CR2E034 (9/01)